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FACSIMILE TRANSMISSION COVER SHEET

Date: December ²³, 2010
To: United States Patent and Trademark Office
Examiner: Nadav, Ori; Art Unit: 2811
Fax: (571) 273-8300
Re: **Application Serial No.: 10/613,326**
Filing Date: 7/3/2003; First-Named Inventor: Kinzer
Attorney Docket No.: 0400204D
From: Farjami & Farjami LLP

Number of pages including the cover sheet: 25

Message:

Enclosed please find the Response to Non-Final Office Action dated August 25, 2010.

Payment for First Month Extension Fee in the Amount of \$130.00 is hereby enclosed on Form PTO-2038.

Thank you.

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Attorney Docket No.: 0400204D

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Kinzer et al.SERIAL NO.: 10/613,326 FILED: 7/3/2003FOR: Vertical Conduction Flip-Chip Device with Bump Contacts on Single SurfaceHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$ 130.00
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☒ TOTAL EXTENSION FEE \$ 130.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **	* =	x 52	x 26	\$
INDEPENDENT		MINUS **	* =	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

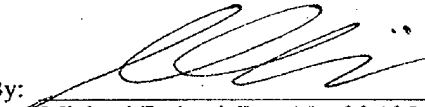
- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
 ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
 *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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Attorney Docket No.: 0400204D

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$130.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date: 12/23/10

By: 
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being filed by facsimile transmission to United States Patent and Trademark Office at facsimile number 571-273-8300 on the date stated below. The facsimile transmission report indicated that the facsimile transmission was successful.

Date

Signature

Name of Person Performing Facsimile Transmission

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date

Signature

Typed or Printed Name of Person Mailing Paper and/or Fee